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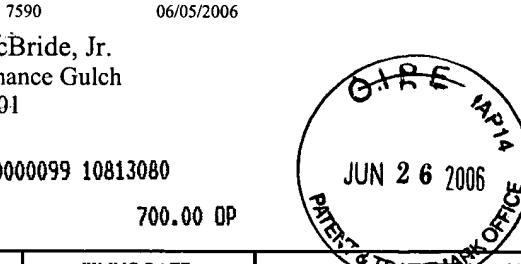
Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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7590 06/05/2006

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06/29/2006 SHASSEN2 00000099 10813080

01 FC:2501 700.00 DP

APPLICATION NO.	FILING DATE	NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/813,080	03/31/2004	Wallace Lynn Smith	MACBRIDE86067-001	5650

TITLE OF INVENTION: METHOD FOR DIAGNOSIS OF PAIN RELIEF PROBABILITY THROUGH MEDICAL TREATMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	09/05/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
ASTORINO, MICHAEL C		3736		600-300000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
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1 William L. MacBride, Jr.
 2 Gough, Shanahan, Johnson & Waterman
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Date

June 8, 2006

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June 20, 2006

HAND DELIVERY

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ATTENTION: Michael C. Astorino, Patent Examiner

Re: Application No.: 10/813,080; Inventor: Wallace Lynn Smith
Our File No.: 86067-001 MacBride

Dear Examiner Astorino:

Enclosed please find the following in the above-referenced matter:

1. Cover Letter, 1p.
2. Fee Transmittal, 1p.
3. Check No. 73726 in the amount of \$700.00
4. Return postcard

Please stamp the enclosed postcard and return to me.

We greatly appreciate your time with this matter.

Respectfully submitted,

GOUGH, SHANAHAN, JOHNSON & WATERMAN

Lydia J. Bold

Assistant to William L. MacBride, Jr.